

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32295

FILED OCT 8 1952

5767 State File No. 304

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 304		Registrar's No. 304	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-South River</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - South River Twnsp.</u>		0640	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mi. West Woodland, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. west Woodland, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin</u>		b. (Middle)		c. (Last) <u>Kincaid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23 1952</u>	
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11 Feb. 1870</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Kincaid</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bough</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Ruth Glenn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME (on reverse address) <u>Margurite Frances Whiston City</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>11201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>52</u> , to <u>Sept 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/18</u> , 19 <u>52</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Keel M.D.</u> (Degree or title)				23b. ADDRESS <u>Palmyra, Mo.</u>		23c. DATE SIGNED <u>9/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Andrew Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warren Township, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/29/52</u>		REGISTRAR'S SIGNATURE <u>E. M. Lusk</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>By Freda G. Smith, Burial Service, Inc. Palmyra, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

640

RECEIVED OCT 6 1952
MARION CO. HEALTH DEPT.
DATE FILED OCT 6 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Robert B. Lewis

Licensed Embalmer No. 2382

P. O. Address Salmeira Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.